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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

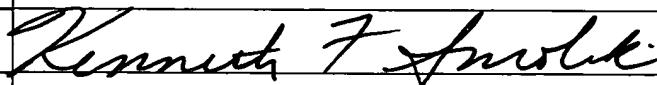
(to be used for all correspondence after initial filing)

		Application Number	10/687,570
		Filing Date	October 15, 2003
		First Named Inventor	Frei
		Group Art Unit	3736
		Examiner Name	Unassigned
Total Number of Pages in This Submission		Attorney Docket Number	011738.00138

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Certificate of Express Mail Return Receipt Requested
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is authorized to charge any fees in connection with this correspondence to Deposit Account No. 19-0733. A duplicate of this sheet is enclosed.	
	Express Mail No. EL 995824512 US	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kenneth F. Smolik Banner & Witcoff, Ltd.
Signature	
Date	June 18, 2004

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney Docket No. 011738.00138)

In re U.S. Patent Application of Frei, et al.)
Application No. 10/687,570) Group Art Unit: 3736
Filed: October 15, 2003) Examiner: Unassigned
For: Phase Shifting of Neurological Signals) Confirmation No. 7127
In a Medical Device System)
)

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 CFR §§1.97 and 1.98, the Applicant filed Information Disclosure Statements on April 26, 2004 and June 10, 2004 for the above-identified application.

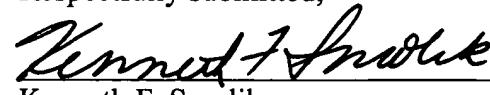
This Supplemental Information Disclosure Statement is being submitted to advise the Commissioner of the following related co-pending patent applications:

10/687,133	10/687,344	10/687,567
10/687,135	10/687,348	10/687,571
10/687,289	10/687,389	10/688,214
10/687,290	10/687,557	
10/687,306	10/687,566	

Each of the above-mentioned patent applications was filed on the same date of October 15, 2003 and claims the same priority dates of October 15, 2002 and September 19, 2003.

Dated: June 18, 2004

Respectfully submitted,

By: 

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CERTIFICATE OF EXPRESS MAIL
(PATENT)

Attorney Docket No. 011738.00137

Express Mail No. EL 995824490 US
Deposited June 18, 2004

I hereby certify that the attached correspondence, identified below, is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" under 37 CFR §1.10 on the date indicated above and is addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: 

Osorio, et. al., U.S. Patent Application No. 10/688,214 for "CYCLE MODE PROVIDING REDUNDANT BACK-UP TO ENSURE TERMINATION OF TREATMENT THERAPY IN A MEDICAL DEVICE SYSTEM"

- Transmittal Form (in duplicate)
- Supplemental Information Disclosure Statement (2 pages)
- Return Receipt Postcard